## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10666418

|  |             |   | ivo carido    | , ,                  |                                 |                  |   |                     | 000                    |                            |                     |                        |
|--|-------------|---|---------------|----------------------|---------------------------------|------------------|---|---------------------|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PA<br>(Column 1)   |             |   |               |                      | (Column 2)                      |                  |   | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
| TOTAL CLAIMS   |             |   | 20            |                      |                                 |                  |   | RATE                | FEE                    |                            | RATE                | FEE                    |
| FOR  |             |   | NUMBER FILED  |                      | NUMBER EXTRA                    |                  |   | BASIC FEE           | 375.00                 | OR                         | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |             |   | 2 0 minus 20= |                      |                                 |                  |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS   |             |   | 2 minus 3 =   |                      | *                               |                  |   | X42=                |                        | OR                         | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM P   |             |   | RESENT        |                      |                                 |                  |   | +140=               |                        | OR                         | +280=               |                        |
| * If the difference in column 1 is less than zero, enter   |             |   |               |                      | r "0" in c                      | olumn 2          |   | TOTAL               |                        | OR                         | TOTAL               | 750.0                  |
| CLAIMS AS AMENDED - PAR  |             |   |               |                      |                                 | (Column 3)       |   | SMALL E             | NTITY                  | OR                         | OTHER<br>SMALL      | THAN                   |
| MTA  |             | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |               | HIGH<br>NUM<br>PREVI |                                 | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total       | *   | Minus         | **                   |                                 | =                |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| AMENDMENT  | Independent | *   | Minus         | ***                  |                                 | =                | 1 | X42=                |                        | OR                         | X84=                |                        |
| ۷  | FIRST PRESE | NTATION OF M                                | ULTIPLE DE    | PENDEN               | T CLAIM                         |                  | ] | +140=               |                        | OR                         | +280=               |                        |
|  |             |   |               |                      |                                 |                  |   | TOTAL               |                        | OR                         | TOTAL               |                        |
|  |             |   | ADDIT. FEE    |                      | JOH                             | ADDIT. FEE       |   |                     |                        |                            |                     |                        |
| AMENDMENT B  |             | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |               | HIGH<br>NUM<br>PREV  | IMN 2) HEST MBER HOUSLY FOR     | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total       | *   | Minus         | **                   | 71 011                          | =                | 1 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| MEN  | Independent | *   | Minus         | ***                  |                                 | =                | 1 | X42=                |                        | OR                         | X84=                |                        |
| 4  | FIRST PRESE | NTATION OF M                                | IULTIPLE DE   | PENDEN               | T CLAIN                         |                  | J | +140≐               |                        | OR                         |                     |                        |
|  |             |   |               |                      | •                               |                  |   | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |             | (Column 1)                                  |               | (Colu                | ımn 2)                          | (Column 3        | ) | ADDII.1 CC          |                        | -                          |                     |                        |
| AMENDMENT C  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |               | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE | •                          | RATE                | ADDI-<br>TIONAL<br>FEE |
| MO   | Total       | *   | Minus         | ##                   |                                 | =                |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| ME   | Independent |   | Minus         | ***                  |                                 | -                |   | X42=                |                        | ОЯ                         | X84=                |                        |
| Ľ  | FIRST PRESE | NTATION OF I                                | MULTIPLE D    | EPENDE               | NT CLAIM                        | <u> </u>         | _ | +140=               |                        | OR                         |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FE   |             |   |               |                      |                                 |                  |   |                     |                        | OR                         | TOTAL               |                        |
| if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOH |             |   |               |                      |                                 |                  |   |                     |                        |                            |                     |                        |
|  |             |   | •             | •                    |                                 |                  |   |                     |                        |                            |                     |                        |